



Process and Application for Medical Marihuana Facility and/or Adult Use Marihuana Establishment License

(CITY OF ALPENA ORDINANCE 23-484 AND 23-487)

STEP 1: Submit Site Plan for Special Land Use. Include all info in Article 6 (Section 6.11) and Article 7 (Section 7.41) of the City of Alpena Zoning Ordinance. Planning Commission reviews Special Land Use using approval standards in Section 6.6 and 6.12 and approves Special Use/Site Plan contingent upon issuance of Medical Marihuana Facilities and/or Adult Use Marihuana Establishment License.

STEP 2: Submit licensing application and application fee (can be done concurrently with Step 1).

Application includes the following:

1. Contact info
2. Type of permit requested
3. Facility/Establishment location
4. Facility/Establishment owner
5. Facility/Establishment manager
6. Property owner
7. Information about each person named in the application
8. Application fee and copy of ID (ATTACHMENT A)
9. Ownership or Authorization to use Property (ATTACHMENT B)
10. Prequalification from State of Michigan (ATTACHMENT C)
11. Qualifications of Applicant (ATTACHMENT D) – **Provisioning Centers and Retailers Only**
12. Business plan (ATTACHMENT E) – **Provisioning Centers and Retailers**
13. Security plan (ATTACHMENT F) – **Provisioning Centers and Retailers Only**
14. Economic Impact (ATTACHMENT G) – **Provisioning Centers and Retailers Only**
15. Plans (Site Plan; Special Use Application; Other Plans) (ATTACHMENT H)

STEP 3: Application Review and Approval.

1. Within 14 days of application submittal, city staff will determine if the application is complete and will notify the applicant if there are deficiencies.
2. After receiving notification from city staff pursuant to indicating application deficiencies, the applicant shall have 14 days from the date of said notification to submit additional information.
3. Within 30 days of the application being determined to be complete, city staff will review the application to determine compliance with the Marijuana Facilities and Adult Use Marihuana Establishments Licensing Ordinance (23-484) and shall notify the applicant if the applicant is approved to proceed with the next step.

STEP 4: Building Permit. Applicant applies for and obtains a building permit, if applicable. (Contact the City Building Official to determine if a building permit is required.)



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STEP 5: Inspection. Occupancy inspection by the City Building Official in accordance with the Michigan Building Code. Such inspection shall occur after the premises are ready for operation, but prior to the stocking of the business with any marihuana and prior to the opening of the business to any patients or the public.

STEP 6: Request for Final Information. City Clerk notifies applicant that the application was approved and asks for the following:

- a. **Licensing fee.** A total licensing fee of \$5,000 shall be paid. Application fee of \$1,500 will be applied to the \$5,000 total fee, for a net payment due of \$3,500.
- b. **Proof of insurance.** A licensee shall at all times maintain full force and effect for duration of the license, workers compensation as required by State law, and general liability insurance with minimum limits of \$1,000,000 per occurrence and a \$2,000,000 aggregate limit issued from a company licensed to do business in Michigan having an AM Best rating of at least A-. The policy shall name the City of Alpena and its officials and employees as additional insureds to the limits required by this Section. A licensee or its insurance broker shall notify the city of any cancellation or reduction in coverage within seven (7) days of receipt of insurer's notification to that effect. The licensee, permittee, or lessee shall forthwith obtain and submit proof of substitute insurance to the City Clerk within five (5) business days in the event of expiration or cancellation of coverage.
- c. **Certificate of Occupancy.** Issued by the City Building Official/Fire Marshall.
- d. **State License.** Copy of Medical Marihuana and/or Adult Use Marihuana Establishment license issued by the State of Michigan Department of Licensing and Regulatory Affairs.
- e. **Other.** Any other information that the City Clerk, law enforcement, Fire Chief, Public Works Supervisor, Zoning Administrator, City Manager, and/or City Attorney or their designees reasonably determines to be necessary in connection with the investigation and review of the application.

STEP 7: License. City Clerk issues license.



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APPEALS PROCESS

1. **Appeal of Licensing Decision.**

- a. Appeals of a denial of a City of Alpena Marihuana Facilities and/or Adult Use Marihuana Establishment License shall be made to the City Council within 30 days of the notification of denial.
- b. The applicant must submit a narrative request for due process that includes detailed information and all supporting documentation for any/all points they wish to have City Council consider.
- c. Within 30 days of notification of appeal by the applicant, a due process review shall be conducted at a public meeting of the council and a concurring vote of a majority of the members of the full City Council is necessary to reverse an order, requirement, decision or determination of an administrative official.
- d. The applicant must be present at the designated council meeting or forfeits their right to due process.
- e. The decision of the City Council is final.

2. **Appeal of Planning Commission Decision for Special Land Uses.** The City of Alpena Zoning Board of Appeals has no jurisdiction to hear appeals from Planning Commission decisions concerning Special Land Uses. Special Land Use appeals shall be made to the Circuit Court for Alpena County.



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LICENSING APPLICATION TYPE

☐ New ☐ Amendment ☐ Transfer of Fully Licensed Existing Establishment

APPLICANT CONTACT INFORMATION

First Name	Middle Name
Last Name	Title
E-mail Address	Phone
Mailing Address	

Description of the individual's role in this application:

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TYPE OF LICENSE REQUESTED *A separate application must be completed for each facility/establishment type. A combined application may be used for medical and adult use in one location if they are the same facility/establishment type (i.e. Medical and Adult Use retail location).*

Medical Marihuana Facility

- ☐ Provisioning Center
☐ Safety Compliance Facility
☐ Secure Transporter

Adult Use Marihuana Establishment

- ☐ Retailer
☐ Safety Compliance Facility
☐ Secure Transporter

FACILITY/ESTABLISHMENT LOCATION

Business Name	
Physical Address	
Phone	E-mail



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FACILITY/ESTABLISHMENT OWNER

Business Owner	
Federal Tax Identification Number	
Physical Address	
Phone	E-mail

- ☐ Self – Individual Owner ☐ Corporation*
☐ LLC* ☐ Partnership*

*For anything other than “Self,” attach a separate sheet listing all information for directors, officers, members, partners, and individuals.

FACILITY/ESTABLISHMENT MANAGER

Name	
Mailing Address	
Phone	E-mail

Are there other business managers? ☐ Yes ☐ No If Yes, how many? _____

Attach a separate sheet listing contact information for all other facility/establishment managers.

PROPERTY OWNER

Name	
Mailing Address	
Phone	E-mail



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EACH PERSON NAMED ON THE APPLICATION, INCLUDING ANY TRUE PARTY OF INTEREST AS DEFINED BY MICHIGAN LAW, MUST FILL OUT THE FOLLOWING QUESTIONS. PLEASE DUPLICATE THIS AS NEEDED (PAGES 3-4).

Name	
Mailing Address	
Phone	E-mail

Please list all residential addresses over the past three years (indicate timeframe you resided at each address).

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Description of individual's role in this application:

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Have you had building/code violations or delinquent taxes/utility bills? ☐ Yes ☐ No

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Have you ever violated, been accused by a municipality of violating, or been convicted of violating an ordinance similar to the City's ordinances regulating marihuana facilities/establishments?

If yes, provide detailed information here: ☐ Yes ☐ No

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Have you ever applied for or been granted any commercial license or certificate issued by any governmental agency concerning marihuana that has been denied, restricted, suspended, revoked or not renewed?

☐ Yes ☐ No

If yes, please attach a statement describing the facts and circumstances which describe the application, denial, restriction, revocation, or nonrenewal, including the licensing authority, the date each action was taken and the reason for each action.

Do you have any interest in any other applications for a permit or approved permit under City's ordinances?

☐ Yes ☐ No

If yes, provide relevant information here:

Do you have any interest in any other marihuana facility or establishment in Michigan?

☐ Yes ☐ No

If yes, provide relevant information here:

Indicate any businesses you have owned, your occupation, and employer for the 5 years including and immediately preceding this application: (attach additional pages if necessary)



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ATTACHMENTS

Please attach the following and clearly label each required attachment.

- ☐ **ATTACHMENT A: Application fee and ID.** Submit \$1,500 for all new and renewal applications. Please make check payable to "City of Alpena." Present a suitable form of identification along with the fee.
- ☐ **ATTACHMENT B: Ownership or Authorization to use Property.** Proof of ownership or authorization to use the property for a marihuana facility or establishment. If the applicant is not the owner of the proposed licensed premises:
 - ☐ 1. A notarized statement from the owner of such property authorizing the use of the property for a marihuana facility or establishment, if the applicant is not the owner of the proposed licensed premises
 - ☐ 2. A copy of any deed reflecting the applicant's ownership of, or lease reflecting the right of the applicant to possess, or an option reflecting the applicant's right to purchase or lease, the proposed licensed premises.

Please note that the City of Alpena Zoning Ordinance requires marihuana facilities and establishments to be a distance of at least 1,000 feet to any school and at least 250 feet to a place of worship, childcare center, addiction clinic and treatment facility, the Boys and Girls Club of Alpena, McRae Park, Bay View Park, Water Tower Park, Mich-e-ke-wis Park or Starlite Beach. It also requires that all retail locations not be located within 500 feet of another retail location. These measurements are made from property line to property line.

- ☐ **ATTACHMENT C: Prequalification.** Proof of prequalification by the State of Michigan for a medical marihuana facility or adult use marihuana establishment state license including a copy of the application form submitted to LARA for prequalification (attachments are not required).

PROVISIONING CENTERS AND RETAILERS ONLY:

- ☐ **ATTACHMENT D: Qualifications of Applicant.** Please include the following:
 - ☐ 1. Detailed description of the applicant's experience with owning (51% or more), operating, and/or managing a business with inventory tracking and control with a minimum of one year of experience.
 - ☐ 2. Detailed description of the applicant's experience with owning (51% or more), operating, and/or managing a business in a highly regulated industry (minimum of 1 year). Highly regulated means subject to regulations by LARA or a similarly regulated agency (state or federal) including but not limited to liquor sales, medical products, etc.).



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PROVISIONING CENTERS AND RETAILERS ONLY:

☐ **ATTACHMENT E: Business Plan.** Please include the following:

- ☐ 1. Detailed description of estimated capital investment (defined as a fixed asset which is purchased for long-term use and not likely to be converted quickly into cash – such as land, buildings, and equipment).
- ☐ 2. Business plan with daily operations schedule.
- ☐ 3. Proposed staffing plan, complete with descriptions of job duties, proposed wages, and employee qualifications/hiring criteria.
- ☐ 4. Documented employee policy book and code of ethics to ensure honesty and integrity of employees.
- ☐ 5. Sworn attestation that the Applicant and/or parties with 25% or more interest in the company have not been subject to any civil monetary judgements entered against it in the last 7 years, excluding family law matters or estate disputes.
- ☐ 6. Sworn attestation that the Applicant and/or parties with 25% or more interest in the company have not filed bankruptcy within the last 7 years.

PROVISIONING CENTERS AND RETAILERS ONLY:

☐ **ATTACHMENT F: Security Plan.** Please include the following:

- ☐ 1. Detailed description of plan to deter and prevent unauthorized entrance into the facility.
- ☐ 2. Detailed description of plan to deter and prevent theft and diversion.
- ☐ 3. Detailed description of plan for 24/7 video surveillance inside and outside of facility. Plan shall include a security system that alerts owner of possible tampering with facility/contents.
- ☐ 4. Detailed description of plan for secure storage of marihuana and proceeds.
- ☐ 5. Detailed description of plan for record keeping and inventory management.
- ☐ 6. Provide copies of material safety data sheets for hazardous materials and the plan for storage and disposal (or a sworn attestation that no hazardous materials will be on the premises at any time).



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PROVISIONING CENTERS AND RETAILERS ONLY:

☐ **ATTACHMENT G: Economic Impact.** Please include the following:

- ☐ 1. Description of employee hourly wages which shall be at least 200% of the 2021 Federal Poverty Level for a family of two, at its hourly basis for all employees.
- ☐ 2. Description of employee benefit package.

☐ **ATTACHMENT H: Plans for Planning Commission Review.** Please include the following:

- ☐ 1. Site Plan (for Special Land Use approval by the Planning Commission). Site plan shall contain all items listed in Section 6.4 (Site Plan Data Required) and Section 6.11.B (Special Use Applications) from City of Alpena Zoning Ordinance in addition to the following:
 - Site Plan should show public, private, and secured areas
- ☐ 2. Other Plans:
 - a. **Provisioning Centers and Retailers** shall provide the following (if applicable):
 - (1) Description of products and services to be provided
 - (2) Plant Waste Disposal Plan

I, the undersigned, have the authority to sign this application on behalf of _____
(Business Name)

("the Facility or Company"). I have read all of the above answers, including all sheets and information provided in connection with this application and they are true and correct. The Facility agrees to comply with all terms and conditions of a permit as it may be issued. Finally, I understand that the Facility has a continuing duty to provide the City of Alpena with current information and will notify the City Clerk in writing of any changes to the Facility's mailing address, phone numbers, electronic mail address or other contact information as well as changes to any other information the applicant has provided to the City as part of the permit application within ten (10) days of any such change occurring. I acknowledge that the City of Alpena may be required from time to time to release records in its possession. The applicant hereby gives permission to the City of Alpena to release any records or materials received by the City from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.

Signature	Date
Printed Name	Title
Business	



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Submit application to:

Alpena City Clerk
208 North First Avenue
Alpena, MI 49707
Phone: 989.354.1720
annas@alpena.mi.us

False information included on this application shall be a basis for the City of Alpena to deny the application.



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CHECKLIST FOR APPLICATION

- ☐ 1. Signed application form
- ☐ 2. Attachment A (Application Fee and Identification)
- ☐ 3. Attachment B (Ownership or Authorization to use Property)
- ☐ 4. Attachment C (Prequalification)
- ☐ 5. Attachment D (Qualifications of Applicant)
- ☐ 6. Attachment E (Business Plan)
- ☐ 7. Attachment F (Security Plan)
- ☐ 8. Attachment G (Economic Impact)
- ☐ 9. Attachment H (Plans)

Attachments D, E, F, and G are only required for Provisioning Centers and Retailers

CHECKLIST FOR LICENSE

After application has been approved, the following shall be submitted to the City Clerk prior to the issuance of a Medical Marihuana Facilities/Adult Use Marihuana Establishment License:

- ☐ 1. **Licensing Fee.** A total licensing fee of \$5,000 shall be paid. Application fee of \$1,500 will be applied to the \$5,000 total fee, for a net payment due of \$3,500.
- ☐ 2. **Proof of Insurance.** A licensee shall at all times maintain full force and effect for duration of the license, workers compensation as required by State law, and general liability insurance with minimum limits of \$1,000,000 per occurrence and a \$2,000,000 aggregate limit issued from a company licensed to do business in Michigan having an AM Best rating of at least A-. The policy shall name the City of Alpena and its officials and employees as additional insureds to the limits required by this Section. A licensee or its insurance broker shall notify the City of any cancellation or reduction in coverage within seven (7) days of receipt of insurer's notification to that effect. The licensee, permittee, or lessee shall forthwith obtain and submit proof of substitute insurance to the City Clerk within five (5) business days in the event of expiration or cancellation of coverage.
- ☐ 3. **Certificate of Occupancy.** A Certificate of Occupancy issued by the City of Alpena Building Official.
- ☐ 4. **State License.** A copy of Medical Marihuana Facility/Adult Use Marihuana Establishment license issued by the State of Michigan Department of Licensing and Regulatory Affairs.
- ☐ 5. **Other.** Any other information that the City Clerk, law enforcement, Fire Chief, Public Works Supervisor, Zoning Administrator, City Manager, and/or City Attorney or their designees reasonably determines to be necessary in connection with the investigation and review of the application.